VISUAL INFORMATION AND PRINTING SERVICES REQUEST	DATE REQUESTED PR NO.	DATE REQUIRED		IM JOB NUMBER						
REQUESTED BY: (NAME, OFFICE SYMBOL & EXTENSION)	PICK UP BY: (IF DIFFERENT F	ROM REQUESTER) DESCI	RIPTION OF ORIGINALS	3						
FILM PROCESSING SERVI PRINT FILM SLIDE FILM NO. OF NUMBER OF EXPOSURES PER ROLL NUMBER OF PRINTS FROM EACH NEC PRINT 3½ X 5 4 X 6 5 8 X 10 0 REPRINT NEGATIVE NO(s) CO PRINTS FROM SLIDES CO	PHOTOGRAPHY SERVICES LOCATION ARRIVAL TIME DURATION POINT OF CONTACT COLOR PRINTS 35mm SLIDES BLACK & WHITE VHS (Standard) BETACAM									
DUPLICATE SLIDES CO	AUDIO/VISUAL EQUIPMENT SLIDE PROJECTOR OVERHEAD PROJECTOR COLOR LCD PANEL DESK-TOP SLIDE VIEWER CAMCORDER VIDEO PROJECTOR SCREEN VIDEO PLAYER/MONITOR OTHER									
TAPE DUPLICATION NO. OF ORIGINALS NO. OF DUPLICATES COMPUTER GRAPHICS TEXT OR TITLE SLIDE										
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NO. PAGES NO. COPIES TRIM SIZE COLOR INK FACE ONLY HEAD TO HE HEAD TO FOOT	LOOSE SETS	☐ PADS ☐ STAPLE	BOND VELLUM MYLAR POSITIVE BLACK LINE	NO. ORIG. COPIES						
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